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CE TRADE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Docket Number (Optional) **NOTICE OF APPEAL FROM THE EXAMINER TO** THE BOARD OF PATENT APPEALS AND INTEFERENCES I hereby certify that this correspondence is being deposited with the In re Application of United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" Application Number 2002 Signature_ For Typed or printed **Art Unit** Examiner name Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. Th fee for this Notice of Appeal is (37 CFR 1.17(b)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. . I have enclosed a duplicate copy of this sheet. A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2018 I am th applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Typed or printed name attorney or agent of record. Registration number attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. *Total of forms are submitted.

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